

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE, COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS,

Washington, DC, March 30, 2022.

To the Secretary of the Senate:

PN 1598, the nomination of Ernest W. DuBester, of Virginia, to be a Member of the Federal Labor Relations Authority for a term of five years expiring July 1, 2024, having been referred to the Committee on Homeland Security and Governmental Affairs, the Committee with a quorum present, has voted on the nomination as follows—

(1) On the question of reporting the nomination favorably with the recommendation that the nomination be confirmed 7 ayes to 7 noes; and

In accordance with section 3, paragraph (1)(A) of S. Res. 27 of the 117th Congress, I hereby give notice that the Committee on Homeland Security and Governmental Affairs has not reported the nomination because of a tie vote and ask that this notice be printed in the Record pursuant to the resolution.

NOTICE OF A TIE VOTE UNDER S. RES. 27

Mr. PETERS. Mr. President, I ask unanimous consent to print the following letter in the CONGRESSIONAL RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE, COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS,

Washington, DC, March 30, 2022.

To the Secretary of the Senate:

PN 1597, the nomination of Kurt Thomas Rumsfeld, of Maryland, to be General Counsel of the Federal Labor Relations Authority for a term of five years, having been referred to the Committee on Homeland Security and Governmental Affairs, the Committee with a quorum present, has voted on the nomination as follows—

(1) On the question of reporting the nomination favorably with the recommendation that the nomination be confirmed 7 ayes to 7 noes; and

In accordance with section 3, paragraph (1)(A) of S. Res. 27 of the 117th Congress, I hereby give notice that the Committee on Homeland Security and Governmental Affairs has not reported the nomination because of a tie vote and ask that this notice be printed in the Record pursuant to the resolution.

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U.S. SENATE, COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS,

Washington, DC, March 30, 2022.

To the Secretary of the Senate:

PN 1070, the nomination of Javier E. Saade, of the District of Columbia, to be a Member of the Federal Retirement Thrift In-

vestment Board for a term expiring October 11, 2026, having been referred to the Committee on Homeland Security and Governmental Affairs, the Committee with a quorum present, has voted on the nomination as follows—

(1) On the question of reporting the nomination favorably with the recommendation that the nomination be confirmed 7 ayes to 7 noes; and

In accordance with section 3, paragraph (1)(A) of S. Res. 27 of the 117th Congress, I hereby give notice that the Committee on Homeland Security and Governmental Affairs has not reported the nomination because of a tie vote and ask that this notice be printed in the Record pursuant to the resolution.

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U.S. SENATE, COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS,

Washington, DC, March 30, 2022.

To the Secretary of the Senate:

PN 1069, the nomination of Javier E. Saade, of the District of Columbia, to be a Member of the Federal Retirement Thrift Investment Board for a term expiring October 11, 2022, having been referred to the Committee on Homeland Security and Governmental Affairs, the Committee with a quorum present, has voted on the nomination as follows—

(1) On the question of reporting the nomination favorably with the recommendation that the nomination be confirmed 7 ayes to 7 noes; and

In accordance with section 3, paragraph (1)(A) of S. Res. 27 of the 117th Congress, I hereby give notice that the Committee on Homeland Security and Governmental Affairs has not reported the nomination because of a tie vote and ask that this notice be printed in the Record pursuant to the resolution.

NATIONAL COLORECTAL CANCER AWARENESS MONTH

Mr. CARDIN. Mr. President, this March, as we mark National Colorectal Cancer Awareness Month, we must remember those we have lost to colorectal cancer, acknowledge the progress we have made to date to reduce colorectal cancer cases, and renew our commitment to fighting this devastating illness. Since its inception in 2000, National Colorectal Cancer Awareness Month has given us the opportunity to raise awareness and remind people of the importance of cancer screening in the early detection and prevention of colorectal cancer.

While cases of colorectal cancer have declined, it is still the second leading cause of cancer death among men and women combined in the U.S. This year alone, more than 150,000 Americans will be diagnosed with colorectal cancer. Over 52,000 people will die from the disease. In 2018, 2,597 Marylanders were diagnosed with colorectal cancer, and 982 patients died from it.

Colorectal cancer has a disproportionate impact among racial and ethnic minorities, particularly Black Americans, Jews of Eastern European descent, and Indigenous communities. Black men are 22 percent more likely than non-Hispanic White men are, and Black women are 18 percent more likely than non-Hispanic White women to be diagnosed with colorectal cancer. American Indians and Alaska Natives are 10 percent more likely than non-Hispanic White Americans to die of colorectal cancer. Jews of Eastern European descent are two to three times more likely to get colorectal cancer than the greater population.

Fortunately, because of early detection and prevention tools, colorectal cancer is among the most preventable of all cancers. Colorectal cancer screenings not only detect the disease in its early stages, but can catch precancerous growths, or polyps, too. When these polyps are found, they can be removed and prevent cancer from occurring. Regular screening saves lives. Over 60 percent of deaths from colorectal cancer could have been prevented with screening, but one in three adults in the U.S. aged 45 to 75 years old is still not getting screened as recommended. Colonoscopies are one of the most effective screening methods for colorectal cancer.

That is why I have long worked to increase access to colonoscopies. The Affordable Care Act ensured that Medicare would cover the cost of screening colonoscopies without cost-sharing for most seniors, but the work was not done. Since 2013, I led the Removing Barriers to Colorectal Cancer Screening Act with Senators Brown, Wicker, and Collins to ensure Medicare beneficiaries would not be charged for a colonoscopy, regardless of whether a polyp or tissue is removed. This legislation was included in the Consolidated Appropriations Act of 2021. The law decreases barriers to screening by ensuring that seniors do not have to worry about unexpected medical costs if a polyp is detected and removed during a screening colonoscopy.

I am also proud of the work Maryland is doing to decrease rates of colorectal cancer. Through the Maryland Colorectal Cancer Control Program, Maryland has used funding from the Centers for Disease Control and Prevention—CDC—and the State's CRF Cancer Prevention Education, Screening, and Treatment Program to promote screening. The program partners with local health departments, community health centers, and various health systems, among other entities. Because of these and other initiatives, 72.5 percent of adults 50 years and older in Maryland were up-to-date with colorectal cancer screenings in 2018, slightly above the Healthy People 2020 target of 70.5 percent.

Still, we must do more to ensure younger Americans are aware of their risks of colorectal cancer and its symptoms and get the appropriate